

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=62-045224

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. **317**

Primary Registration District No. **547**

Registrar's No. **3286**

FILED NOV 10 1962

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

USE BLACK INK
OR
TYPEWRITER RIBBON

| | | | |
|--|---|--|--|
| 1. PLACE OF DEATH a. COUNTY St. Louis | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Richmond Heights | | c. CITY OR TOWN Sunset Hills | |
| Length of stay in lb DOA | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Marys Hospital | | d. STREET ADDRESS (If outside, give location) 10364 Richview Dr. | |
| 3. NAME OF DECEASED (Type or print) First WILLIAM Middle ALEXANDER Last DORLEY | | 4. DATE OF DEATH Month Nov. Day 7 Year 1962 | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH 12-25-1902 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Office Mgr. | | 10b. KIND OF BUSINESS OR INDUSTRY Johns Manville | |
| 13a. FATHER'S NAME Alexander Dorley | | 13b. MOTHER'S MAIDEN NAME Elizabeth Unknown | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No | | 17. INFORMANT Sunset Hills, Missouri Elizabeth Dorley-10364 Richview Dr. | |
| 18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial infarction Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) coronary occlusion DUE TO (c) None | | INTERVAL BETWEEN ONSET AND DEATH 2 hours | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) None | |
| 20c. TIME OF INJURY Hour 9:20 a.m. p.m. Month, Day, Year 11-7-62 | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | |
| 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) --- | | 20f. CITY, TOWN, OR LOCATION --- | |
| 21. I attended the deceased from 1930 to 11-7-62 and last saw him alive on 1-9-62 Death occurred at 9:20 a.m. on the date stated above, and to the best of my knowledge, from the causes stated. | | 22b. ADDRESS 19 E. Lockwood Ave. Webster Groves 19, Missouri. | |
| 22a. SIGNATURE (Degree or title) A. A. Goodrich M.D. | | 22c. DATE SIGNED 11-9-62 | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 23b. DATE Nov. 11, 1962 | 23c. NAME OF CEMETERY OR CREMATORY St. Peters Cem. | 23d. LOCATION (City, town, or county) (State) Kirkwood 22, Mo. |
| 24. FUNERAL DIRECTOR Pfizinger Mort-Kirkwood, Mo. | | 25. DATE RECD. BY LOCAL REG. 11-9-62 | |
| 26. REGISTRAR'S SIGNATURE John C. Murphy M.D. | | | |

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Herbert J. Long

Licensed Embalmer No. 4800

P. O. Address Richwood 22, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.